



Program Name: _____

County: _____

Person completing form: _____

Date: _____

Which self-assessment tool was used: _____

Top 3 Quality Improvement Areas for this Plan:

1. _____

2. _____

3. _____

Quality Improvement Action Plan – Sample B

9.10.13

Directions: Using the results of the self-assessment, prioritize the quality improvement area(s) to be completed within the plan. Not all quality improvement areas need to be addressed. It is recommended that a program identifies three – five goals/outcomes to work on. More goals/outcomes can be overwhelming and too few will limit the success that you experience in your program.

To test the plan you should respond to the following questions:

- **Is this plan fully worth doing?** (Achieving your aim will have positive results for children, families, staff or your business.)
- **How is this plan concrete, specific, and measurable?** (By writing these goals, you will be able to show clear results through your measurement.)
- **How will the result of this plan improve outcomes for children, families, staff, or your business?** (There is a high likelihood that changes will be positive.)
- **How are the outcomes inclusive of all children, culturally competent, and developmentally appropriate?** (These positive changes are good for all children and families.)

QIP Area	Goal	Barriers	Task(s)	Responsible Party(ies)	Timeline
Professional Development and /or On-going Training					

QIP Area	Goal	Barriers	Task(s)	Responsible Party(ies)	Timeline
Environment (Indoor and/or Outdoor) and Curriculum					
Business and Professional Practices					
Child Health & Wellness					
Credit Based Education					
Other					